MARGIN RESERVED FOR BINDIA

V. S. No. 1 ğ

	STATE (OF MAD	VI AND	CERTIFICATE OF DEATH 09322
1. PLACE OF) MAN	ILAND	- WAR AND THE COLUMN TO THE CO
County_Ga	rrett	0		Registration Dist. No. 16 V
Village or City	y Jennings			No. St Ward
		death accurred		f death occurred in a hospital or institution, give its NAME instead of street and number) ids. How long in U.S. if of foreign birth?mosmosds.
	E Mary Elle		yrs,	If U.S. Veteran specify WAR.
(a) Residence		II DEALCI		St. Ward,
(a) Residence	:. NO	(Usual place	of abode)	If nonresident give city or town and State
	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE SINGLE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 22 , 193 6 (Yaar)
5a. If married, widowed HUSBAND of (or) WIFE of	l, or divorced			22. / HEREBY CERTIFY, The lattended deceased from
6. DATE OF BIRTH (m	onth, day, end year) Me	rch 19, 1	1918	July 29
7. AGE Years	Months 6	Deys	If LESS then 1 dey,hrs. ormin,	to heve occurred on the data steted ebove, at
8. Trada, professi kind of wor SAWYER, B	ion, or perticular rk done, as SPINNER, BOOKKEEPER, etc	School		Date of onset
9. Industry or bu				Bronoho-mediastinal glands
10. Date daceased last worked et this occupation (month and yaar)				
12. BIRTHPLACE (city (01 (01111)	land		Other Coatributory Causes of Importance:
13. NAME	Lloyd Bak	er		
	city or town)		1	Nama of operation Data of Wes there an eutopsy?
15. MAIDEN NAMI	Julia Ore	ndorf		23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (011) 01 101111/	land		Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT	Lloyd Baker	m		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIO			24_,1936	Menner of Injury
19. UNDERTAKER (Address)	Uhm Alla Janisaill - 27036	interle	9:10	24. Was diseesa or injury in any way related to occupetion of decessed? No If so, specify Cigned M. D. M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BLACAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

I, WILL	UNFAL	ING I	I-WN	2112	I, WITH UNFABING IND-I HIS IS A FERMANENT NECES, EVERY REIN OF HIGH	AEC. D. Every	nem or min
arefully s	upplied.	AGE	pluods	pe	arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	PHYSICIANS	should stat
H in plain	terms,	so that	it may	pe	H in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	Exact statement	of OCCUPA
rtant. Se	e instruc	ctions c	n back	of	rtant. See instructions on back of certificate.		/

STATE OF	MADVI	AND-CERTIFICATE	OF	DEATH
STATE OF	MAKIL	AND-CERTIFICATE	OL	DEATH

STATE O	F MAR	YLAN	D-	CERTIFICATE OF DEATH			
1. PLACE OF DEATH				820			
County Garrett		14		Registration Dist. No. 17/			
Village or City Bittinger				N- W			
				death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where de	eath occurred	yrs	mos.	ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Perry H. B	roadwate	r		If U.S. Veteran specify WAR			
(a) Residence: No.	(Usual place	of abode)		St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTIC	CAL PARTI	CULARS		MEDICAL CERTIFICATE OF DEATH			
3. SEX ale 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE MATTI	D (qurite the w		21. DATE OF DEATH (Mootth) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Broadwa	ter.			22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Se	nt. 2. 1	851	ki -	I last saw hun alive on 15 15 196; death is said			
7. AGE Years Months	Days	If LESS		to have occurred on the date stated above, at Moore			
85 yrs	13	l day,	_	THE PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer		Were es rollows: Celebral Hemorkage Date of one et				
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc							
O TO. Dato deceased last worked at this occupation (month and year)	11. Total ti spa occu	ime (years) nt in this upation					
12. BIRTHPLACE (city or town) Maryl	end		Other Contributory Causes of importance:				
(State or country)	-644-4			Arterial Selvasia			
13. NAME Henry Broadwat	er						
II	yland			Name of operation			
15. MAIDEN NAME Rachel Ows	,			What test confirmed diegnosis?			
11	land		Accident, suicide, or homicide?				
17. INFORMANT Mrs. Eliza Kro (Address) Accident R. 3	adwater Mary	land	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury			
Place Bittinger, Md.	DateSep1	1.18	1936	Nature of injury			
19. UNDERTAKER William Winter (Address) Grantsville	rberg			24. Was disease or injury in any way related to occupation of deceased?			
20. FILED SEPt. 17, 19.36	10.	Em. Regi	ori	(Signed) (Address) (Address) (Address) (Signed) (M. D.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones S. S.	May 1,1923	Gastroenteritis	1 year

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BIND

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Frdy 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Garret. y classified loate. Village or - City Grantsville, Md (No. 2FULL NAME Elisha B Durst. PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED.Married be WIDOWED. OR DIVORCED Male White (Write the word) 6 DATE OF BIRTH Feb.11-1868 at (Month) (Day) (Year) 7 AGE Ilf LESS than l day hrs. The CAUSE OF DEATH * was as follower or min.? B OCCUPATION te (a) Trade, profession or Laborer particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) New Germany. Md. 10 NAME OF (Signed) FATHER Samuel Durst (Address). 11 BIRTHPLACE o W OF FATHER ENT OZ (State or country) Maryland, AU 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 OF OF MOTHER 4 Cathrine Shrock. state CCUP ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) Pennsylvania O D Where was disesse contracted, if not at place of dea.h?..... MY KNOWLEDGE 3 0 Former or sh usual residence. 19 PLACE OF BURIAL OR REMOVAL AN Grantsville. Cemetery Filed If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospitai or institu-

tion, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at I *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the DATE OF BURIAL Sept. 13-30 ADDRESS

ESERVED

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons entiployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) For persons who have no occupation If the occupation has been changed Automobile factory. The -Coal mine, etc. Wom-(b) Grocery, The quesmaterial

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbalic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronicetc. The contributory affection need not be valvular heart Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 09327	
1	L PLACE OF DEA	TH			75	
	County	Garrett			Registration Dist. No. 162	
	Village or City	Grantsvil	le		NoSt. Ward	
	· Length of residence in a	ity or town where o	looth occurred 4	4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign blrth?yrsmosds.	
7						
2	. FULL NAME		a Foster		If U.S. Veteran specify WAR	
	(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
collidan	PERSONAL AN	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or race	5. SINGLE, MARI OR DIVORCEI Marrie	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 2 3 , 193 6	
5a.	If married, widowed, or div HUSBAND of (or) WIFE of	orced ma Jane F	oster		22. I HEREBY CERTIFY, That t attended deceased from 1936, to Defect 23, 192	
6.	DATE OF BIRTH (month, da	y, end year) Ana	g. 4. 188	32	Hest saw heller elive on Alfat 2 2 , 193 Geeth Is said	
	AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at 12.35 m.	
	54		19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	Market profession, or part of work done work done work done work was done, as SAW MILL, BANK, 10. Date deceased last work occupation (moyear)	, as SPINNER, EPER, etc n which SILK MILL, etc priced at onth end	11. Total ti			
12.	. BIRTHPLACE (city or town (State or country)	Penn.	••••••		Other Contributory Causes of importance:	
ER	13. NAME Jame	s W. Fost	er			
FATHER	14. BIRTHPLACE (city or t	own)]	enn.		Name of operation	
2	15. MAIDEN NAME Ke	therine 1	ע ייני		23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Katherine Fry 16. BIRTHPLACE (city or town) Penn. (State or country)					Accident, suicide, or homicide? Date of Injury, 19, Where did Injury occur?	
		niontown,			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18,	BURIAL, CREMATION, OR PlaceGrants		Date Sept	. 26 ,19 36	Manner of injury	
19.	UNDERTAKER ALLA (Address) G	rantsville	intul	us	24. Was disease or injury In any way related to occupation of deceased?	
20,	FILED Sufel - 26	19.36	614	Zill/ Registrar.	(Signed) M. D. M. D. (Address) M. D. (Address) M. D.	
		If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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E	xample I		Example II	
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Chronic interstitial nephritis	UGI O MOS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUXEAU V	July 5, 1927	Peritonitis	3 days ago
		and another of the second		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	lage or City Aviltan (No	Registration Dist, No. / / / (If death occurred is a hospital or institution, give its NAME in steed of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	male 3thite (Write the word)	16 DATE OF DEATH , 192 September (Month) 7 (Day) (Year) 3 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192
(a	If LE. I day or	(Year) SS than and that death occurred on the date stated above, at
O (b	articular kind of work D) General nature of industry usiness, or establishment in which employed or (employer) DIRTHPLACE	(Duration)d_mosd
	(State or country)	
ENTS	10 NAME OF FATHER Richard Garlify. 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) Glas Brasa Land Segistar M.D. Sight 7 19236 (Address) Attilition mos
PARENTS	10 NAME OF FATHER Richard Garlify. 11 BIRTHPLACE OF FATHER	(Signed). Sis. Brawn Land Olegistar M.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Free state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ,, etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the pisses EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid vetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Atherican Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUHY Whooping Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARTEAND	CENTILICATE OF DEATH
1. PLACE OF DEATH	13)
County Darrell	Registration Dist. No. 169
Village or City Deer Par le	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME fulia Arace Ita	rdesty.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temalo Whele Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A ! HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Run 5 136 10 Reph 18 1036
6. DATE OF BIRTH (month, day, and year) Office 16 189	I last saw have alive on Rush 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
44 5 2, I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
SAWYER, BODKKEEPER, etc.	Chance Caules Dom Cusas
S. Hade, profession, or particular to the first state of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Rank Direce
SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and this spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) New Park	
(State or country) Maryland	
13. NAME Newry a. Hardesty 14. BIRTHPLACE (city or town) Harrett County	
14. BIRTHPLACE (city or town) James County	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gulia a Jasker 16. BIRTHPLACE (city or town) Titymuller (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Tetymeller	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Henry Hardesty	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) Deert Park, mid	
Place Deschark md Dale Sept. 21, 1936	Manner of injury
Place Description Production Date Delegation 1 2/, 19	Nature of injury
19 UNDERTAKER & That I Sharpless	24. Was disease or injury in any way related to occupation of deceased?
(Address) Blaine W. V9	If so, specify
20. FILED Sup. 19, 19 36 Mms (C. Claply	(Signed) M. D.
Registrar.	(Address)

STATE OF MADVI AND CEDTIFICATE OF DEATH

9686

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

6	0	")	1)	1	2	
U	J	J	2	0	ý	

1. PLACE OF DEATH	46-38
County Garrett	Registration Dist. No. 7 / 6 6
Village or City Mt. Lake Park, Md.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 20 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benjamine Whitfield Harve	If U. S. Veteran, specify WAR
(a) Residence: No. R. D. 1, Mt. Lake Park,	Mst, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word) Married	September 25, 193 6 (Month) (Day) (Yeer)
HUSBAND of Grace Walters Harvey (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from June 12 1936 to Sept 24 1936
DATE OF BIRTH (month, day, and year) March 17, 1871	last saw h M alive on aug 30 , 1936; daeth is sald
AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 2:00Pm.
65 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	Pastric Carcinoma Date of onset
kind of work done, as SPINNER, Mineing Engineer AWYER, BOOKKEEPER, atc.	1
Industry or business in which work was done, as SILK MILL, Coal Mines SAW MILL, BANK, atc	
10. Data daceased last worked at 11. Total time (years)	
this occupation (month and 4 spent in this 15 yr	
12. BIRTIIPLACE (city or town) Garrett Co.	Other Contributory Causes of Importanca:
(State or country) Maryland.	
13. NAME John O. Harvey	4
14. BIRTHPLACE (city or town) Garrett Co.	Name of operation
(State or country) Maryland.	What test confirmed diagnosis? A ray & dest relumber there an autopsy?
15. MAIDEN NAME Rachel Moon	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Garrett Co.	Accident, suicida, or homicide?
(State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles V. Harvey (Addrass) Mt. Lake Park, Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of Injury
Pleca White Church Data Sept. 27,1936	Nature of Injury
19. UNDERTAKER Herbert C. Leighton	24. Was disaase or injury In any wey ralated to occupation of deceased?
(Addrass) Oakland, Maryland,	If so, spacify Signed
20. FILED 9/26/, 1936 Julia Rowan	(Signed) (Address) Derra Elta Wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1-0			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Firs. of

82:0)	
	Registration Dist. No. 16	1
1		
St Ward.		
5t.,	If nonresident give city or town a	nd State
MEDICAL	CERTIFICATE OF DEATH	
21. DATE OF DEAT	Sept 28 (Month) (Day)	, 193 6 (Year)
1 last saw h_1224_ aliva on		19.2.; death is said
	stated above, at //-05 /A _m. DEATH and releted causes of importance	
were as follows:	P	Date of onset
ran	yes	
Other Contributory Causes of	Importance:	
artina	l Schlerven	
clot- m 1.	3vain	
Name of operation	Data of	
	s? Was thera a	
	al causes (VIOLENCE) fill in also the follow	
	e? Date of injury	
Where did injury occur?	••••••••••	
	(Specify city or town, county and S red In INDUSTRY, In HOME, or In PUBLIC	State) PLACE,
Manner of Injury	****************************	
Nature of Injury		
24. Was disease or injury In a	ny way related to occupation of deceased?_	
If so, specify		
(Signed)	Xlason A.A.	()/. M. D.
(Address)	mandaulle	-Nel
ATT N. Charles Street, Baltimore	e. Requesting T). S. No. v.	1

If more blanks are needed, address State Registrat

Registrar.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

7	 		
1			

B

1. PLACE (OF MARYLAND-	-CERTIFICATE OF DEATH	1933
County	Garrett		Registration Dist. No. / 6 2	
Village or	City New Gerr	nany	No. St.,	number)
	sidence in city or town where	ola Otto	osds. How long in U.S. if of foreign birth?yrsm	08
(a) Reside	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSO	NAL AND STATIST	TCAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25	., 193 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced Christian J	. Otto	22. HEREBY CERTIFY. That rattended	deceased fi
7. AGE Y	(month, day, and year) ars Months	Days If LESS than 1 day,hr	to have occurred on the date stated above, at 2:00 /m.	
kind of SAWYE	9 Trade profession or particular		Carcinama Jolamach	Date of on
SAW MILL, BANK, etc		11. Total time (years) spent in this		
12. BIRTHPLACE ((State or co		nd	Other Contributory Canses of importance: 6 Manue M yacaroletes	
	drew Arendt			
	E (city or town)ΝΩ	t known		//
15. MAIDEN N	AME Mary Ja	ne Shultz	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Mary Jane Shultz 16. BIRTHPLACE (city or town) Not known (State or country)			Accident, suicide, or homicide?	0

17. INFORMANT Christiah J. Otto
(Address) Grantsville, Md. R.D.7

Place New Germany Date Sept. 27 1936

Grantsville. Md

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

_		Was	thera	an	au'opsy.
n	als	o the	follo	win	ig:

_ Date of Injury _____ 19_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Nature of injury.

24. Was disease or injury In any way related to occupation of deceased? If so, specify

(Address) Dans

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9687
1. PLACE OF DEATH	(57)A)
County Daugh	Registration Dist. No./L4
Village or City. accident	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME John alfred	Redrose
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR FACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	(Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Alt 9 1936	I last saw h Ma alive on AM T 19 19 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm
6 1 day,hrs.	THE PRINCIPAL CROSE OF DEATH end releted causes of importance
8 Trade profession or perticular	were es follows: Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	d the sulstines.
9/ Industry or business in which	Totoria 1 su testines
work wes done, es SILK MILL, SAW MILL, BANK, etc	
yeer) occupetion	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) A	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diagnosis? Was there en au'opsy? /- Uf
15. MAIDEN NAME LOSO M. Rahl	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Zala M. Aahl 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Le Mas & la la sacreta (Address) (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Clerical Dete Supple, 193 C	Neture of Injury
19. UNDERTAKER John Stales	24. Wes disease or injury in any wey releted to occupetion of decesed?
(Address) Reward Mrs	If so, specify
10 Supplies 15 .31 (1 11) 17.	(Signed) N. N. Hams M. E
20. FILED SAGUE 1936 (A. A. HUNNING Registrar.	(Address) & santsville Usa:
The many blanks are model address State Bridge	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4 NOV 19 12	11		
- J. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 0933
	LACE OF DEA				(31)
(Registration Dist. No. 24 / 6 6
1	/illage or City_OE	akland,	Md.		NoSt.,Ward
	ength of residence in c	ity or town where	death occurred7	5 yrs mos	death occurred in a hospital nr institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ULL NAME JO				If U. S. Veteran, specify WAR
1	(a) Residence: No.				St., Ward.
	a) Residence: No		(Usual piace	of abode)	If nonresident give city or town and State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
	Male White OR DIVORCED (write the word) Widowed			D (write the word)	21. DATE OF DEATH September 26 , 193 6 . (Month) (Day) (Year)
Sa. If m HU (or	arried, widowed, or divo SBAND of Mary) WiFE ol	Isabell	l Sander	S	22. A HEREBY GERTIFY, That I attended deceased from
6. DATE	OF BIRTH (month, da	v. end vear) Fe	eb. 26.	1854	liest saw h alive on April 26 ,1936; death is sai
7. AGE	Years	Months	Days	II LESS than	to have occurred on the date stated above, at 6:40P.m.
1	82	7		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Iollows: Date of one
	Trade, profession, or p kind of work done. SAWYER, BOOKKEI Industry or business i work was done, es SAW MILL, BANK, Date deceased last wo this occupation (mc year)	n which SILK MILL, Fg etcFg	a.rm	ime (years) nt in this yrs	Cardio Vaganten Lenal
	THPLACE (city or town)				Other Centributory Causes of importance:
	NAMEJOHN T	Sander	rs		
-	BIRTHPLACE (city or t (State or country)				Name of operation Date of
15.	MAIOEN NAME EL	zabeth	Baker		23. II death was due to external ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Virginia (State or country)			inia		Accident, suicide, or homicide?
	ORMANT Mrs. (Address) Oak	land. Mo			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUR	LAL POPLEATION OF	2 X X X Y		00 76	Manner of injury
	IAL, CREMATION, OR Place Red Hol		Date Sept	28 1936	Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

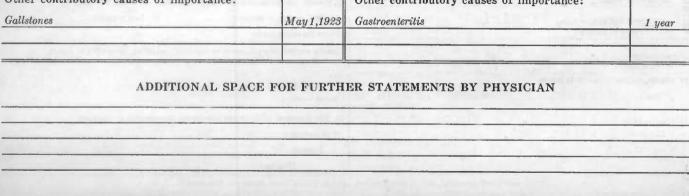
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis OCT 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



	1	2	503	
	r RECO	Y. PH	Exact	
MARGIN RESERVED FOR BINDIN	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOM	should be carefully supplied. AGE should be stated EXACTLY. PHY	OF DEATH in plain terms, so that it may be properly classified. Exact st	
FOR B.	IS A PE	stated E	properly	
ED	HIS	l be	be .	3-
SERV	NK-T	should	it may	
RE	NG I	AGE	that	
RGIN	NFADI	plied.	rms, se	
MA	TH U	ly sup	lain te	G
	, WI	reful	I in p	4
Y	VINES	be ca	EATE	
1	F PL	should	OF I	-

1. PLACE OF DEATH County Sant			(131)	Danish M.	No. 11 4	
	1 4 22	2		Registration L	Dist. No./44	
Village or City Hell	ut m	(1)	death occurred in a hospital or instit	ution, give its NAME	St.,	ward
Length of residence in city or town where	death occurred		ds. How long in U.S. if			
2. FULL NAME Gerains	a sku	che	~~			
(a) Residence: No.			St., Ward.	r. Islanda San	Security of	
	(Usual place of				give city or town an	d State
PERSONAL AND STATIST				ERTIFICATE	OF DEATH	
SEX 4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH	tender	2181	
Husle While	mer	ny		(Month)	(Day)	(Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Sinh	1	22. / I HEREB	YCERTIE	Y. That I attended	d deceased from
(or) WIFE of Janua 1/P()			September 2125	21936 to Sy	Lender 2/8	19.36
. DATE OF BIRTH (month, day, end yeer)	MT 12.	-1866	I last saw h LV alive on	sphere 3	181 ,1936	; death is said
. AGE Years Months	Days	If LESS than	to have occurred on the date state	ed above, at 6	∫ m.	
71 ~	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related cause	s of Importance	170
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housen		Berefrag 24	compre	y	Pate planset
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc						
10. Date deceased last worked at this occupation (month end year)		ne (years) in this ation				
			Other Contributory Causes of imp	ortance:		July
2. BIRTHPLACE (city or town) (State or country)	and		chrone nish	>		1927
			- Julia	<i>~~~</i>		
- comment	umon					
14. BIRTHPLACE (city or town)(State or country)	mony		Name of operation			
	7/ D	Uladde.	What test confirmed diagnosis?			
- Williams	nousy	morary	Accident, suicide, or homicide?			
(State or country)	n		Where did injury occur?	**************************************	vate of injuly	
7. INFORMANT James M	Spire	W.	Specify whether Injury occurred	(Specify city or in INDUSTRY, In HO	town, county and Sta ME, or in PUBLIC P	ste) LACE.
8. BURIAL, CREMATION, OR REMOVAL	•		Mannage of injury			
Place Billingel	Oato Sept.	23 , 1936	Manner of injury			
9. UNOERTAKER OUN ON	intille	45	24. Was disease or injury In any	way related to occupa	ation of deceased?	lio
(Address) Yran	mille	and	If so, specify	100		
V 1100 11 (110)	///0/ // /		(Signed)	- Cons		7 d M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1PLACE OF DEATH	09333
0	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
Villers or Circ. Crellin (N. M.	Registration Dist. No. / 66
Village or City Creffin (No. //	St.: Ward) (If death occurred is a hospit of institution, give its NAME; stead of street an number.)
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	Sept. 12 1936
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
May 18 (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased from Sept. 7, 1936 to Sept. 12, 1926 that I last saw h 1 malive on Sept. 8, 192
	LESS than and that death occurred on the date stated above, at 2145 Am ay hrs. The CAUSE OF DEATH * was as follows: Cholera Infantum
8 OCCUPATION, (a) Trade, profession or particular kind of work	Onorora Interroca
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos 5 ds Contributory Marasmus
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Garrett County, Md. 10 NAME OF FATHER John Stanley Sterling	(Duration) yrs mos 5 ds Contributory Marasmus Secondary Since birth (Signed) yrs ds
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Garrett County, Md. 10 NAME OF FATHER John Stanley Sterling 11 BIRTHPLACE OF FATHER (State or country) Garrett Co., Md.	Contributory Marasmus Secondary Secondary Contributory Marasmus Since birth Ouration yes de
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Garrett County, Md. 10 NAME OF FATHER John Stanley Sterling 11 BIRTHPLACE (State or country) Garrett Co., Md. (State or country) Garrett Co., Md. 12 MAIDEN NAME OF MOTHER Odessa Susanna Carsi	Contributory Marasmus Secondary Secondary Since birth (Signed) M. D Sept. 12,92 36, ddress) *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Garrett County, Md. 10 NAME OF FATHER John Stanley Sterling 11 BIRTHPLACE OF FATHER (State or country) Garrett Co., Md. (State or country) Garrett Co., Md. 12 MAIDEN NAME OF MOTHER Odogga Suganna Consol	Contributory Marasmus Secondary Secondary Since birth (Signed) Sept. 12,92 36 ddress) *State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 L. NGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yrsmosds.
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Garrett County, Md. 10 NAME OF FATHER John Stanley Sterling 11 BIRTHPLACE OF FATHER (State or country) Garrett Co., Md. 12 MAIDEN NAME OF MOTHER Odessa Susanna Carsl 13 BIRTHPLACE OF MOTHER West Virginia	Contributory Marasmus Secondary Secondary Since birth (Signed) M. D Sept. 12 192 36 ddress) Where was disease contracted, if not at place of dea h? (Duration) Since birth Duration) Since birth M. D Sept. 12 192 36 ddress) Terra Alta, W. Va State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Is L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transmients or Recent Residents) At place of dea h? Former or usual residence
(a) Trade, profession or particular kind of work none (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Garrett County, Md. 10 NAME OF FATHER John Stanley Sterling 11 BIRTHPLACE OF FATHER (State or country) Garrett Co., Md. 12 MAIDEN NAME OF MOTHER ODESSA SUSANNA CARSI 13 BIRTHPLACE OF MOTHER West Virginia (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Contributory Marasmus Secondary Secondary Since birth (Signed) M. D Sept. 12,92 36, ddress) Where was disease contracted, if not at place of deah? (Duration) Since birth Ouration) Since birth M. D Sept. 12,92 36, ddress) Terra Alta, W. Va State the Discase Causing Death, or, in deaths from of Injury and (2) Whether Accidental, Suicidal or Homicidal. Is L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transfer ients or Recent Residents) At place of death Where was disease contracted, if not at place of death? Former or

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Somunt, Cookers worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH NO Housemaid, etc. If the occupation has been clanged work, or At Home, and children, not gantally em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Luborer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the Diseas: Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, inges, perdonaeum, etc., Carcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of hings, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvudar Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NEW V. S

WITH UNFADING INK-THIS supplied MARGIN RESERVED carefuily

WRITE

properly classified. back may that it n terms so that i d be carefully DEATH in plai is very important, CAUSE CF DE Every Item of Information CIANS should state CAUSE statement of OCCUPATION

7

PARENTS

B OCCUPATION

9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

(a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

PLACE County	OF DEATH	itt		
illage or City	KD-9-P	27_[Carle (No.	9
²FUL	L NAME	Bor	Var	a C
PERSON	AL AND S	TATISTI	CAL PARTIC	ULARS
SEX L	4 COLOR O	THE	S SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wo	Pho rd)
DATE OF BIR	гн			
		(Month)	(Day)	, 1
AGE	CO13	rin	4	If LES

mos.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 169 (If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.) MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	9-	3	193.6
	(Month)		
17 I HEREBY CERT	IFY, That I a	ttended the d	eceased from
that I last saw halive	on		, 192
and that death occurred on The CAUSE OF DEATH * w		d above, at	n
En !			

Contributory	(Duration)	yrs	dd
(Signed)	(Duration)		mosd
*State the Disease Violent Causes, state (1) Accidental, Suicidal or Hom	Causing Death) Means of hicidal.	n, or, in de Injury and (2	athe from (1) Whether
18 LENGTH OF RESIDEN ients or Recent Residents At place of death	In the		
usual residence			
Dur Park aus		Sept.	# 19.30
20 UNDERTAKER	•	ADDRESS	

Registrar

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer. Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager" "Dealer," etc., without more precise specification as Day (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive-a For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobars pneumonia, Bronchopneumonia ("Pneumonia,"

Examples: Accidental drowning, Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, State cause for which surgical operation was under-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH County, GRITPATE County, GRITPATE County, GRITPATE Village or City, GRITLAND, MG. Longth of residence in city or town where seath occurred. 2. FULL NAME CRATLOS METRIC Whether I. (a) Residence: No. (b) Residence: No. (c) Usual sheet of shoots (c) Ward. (d) Residence: No. (c) Ward. (d) Residence: No. (d) Residence: No.		S	TATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	09330
Village or City Qekland, Md. Length of residence in city or town where death occurred yrs. 6. mee. 2. FULL NAME Charles Merritt Whotsell (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE S. SINGE, MARIEL MIDOVED. Male White S. SINGE, MARIEL MIDOVED. Male White S. S. SINGE, MARIEL MIDOVED. MARIEL S. SINGE, MARIEL MIDOVED. MARIEL S. S. SINGE, MARIEL MIDOVED. MARIE	1. F	PLACE OF DEA	TH			<u></u>	, //
Length of residence in city or town where death occurred yrs. 6. mos. 6. the low long in S. If of Irregular in Irregular in S. If of Irregular in Irregular in S. If of Irregular in Irregula	-	County Garre	tt			Registration Dist. No.	14/66
Length of residence in city or town where death occurred. 2. FULL NAME Charles Merritt Whetsell (a) Residence: No. (b) Residence: No. (c) Resi		Village or City_Qa	kland,	Md,	(1		St.,Ward
(a) Residence: No. (Unualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX		Length of residanca in o	city or town whare	e death occurred			
(a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, HARRIED, WIDOWED B. DIVORED (write the word) Set It merriad, Widowad, or divraced HI SAND OF MALE S. SINGLE, HARRIED, WIDOWED S. DATE OF DEATH 21. DATE OF DEATH SOPTIMENT (Month), day, and year) Feb. 11, 1889 I last saw h. Silve on. Sept. 3, 193.6, (Month) ATT OF Verra Months ATT OF 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. 1	FULL NAME Ch	arles 1	Merritt	Whetsell	If U.S. Veteran specify WAR World	War
3. SEX MALE White S. SINGLE MARRIED, MIDOWED Cornic his world) White S. It merial, Midowad, or directed white S. DATE OF BITM (month), day, and year Feb. 11, 1889 T. AGE Years Months Days If LESS than 1 day, hrs. or min. 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 11 Septing Trade, profession, or particular SAWYER, BODKEEPER, etc 11 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 11 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 11 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 12 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 12 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 13 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 4. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 3. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 4. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 4. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 4. Trade, profession, or particular SAWYER, BODKEEPER, etc 15 Total time (years) 5. Data Saw, and a set saw h 15 Total time (years) 6. Data Saw, and a set saw h 16 Total time (years) 7. Sawyer, and a set saw h 16 Total time (years) 8. Data Saw, and a set saw h 16 Total time (years) 9. Data Saw, and a set saw h 16 Total time (years) 10. Data Saw, and a set saw h 16 Total time (years) 11 Sawyer		(a) Residence: No.		(Usual place	e of abode)		
Male White Stripte (write the word) Stripte (which was deepended of the stripte of the word) Stripte (which was deepended of the stripte of the word) Stripte (which was deepended of the stripte of the word) Stripte (which was deepended of the stripte of the word) Stripte (which was deepended of the word) Stripte (which was		PERSONAL A	ND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	ATH
September 3 1 26 io September 3 19 36 io September	Ma	ale Whi	te	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	September 3.	, 193 <u>6</u> (Year)
6. DATE OF BIRTH (month, day, and year) Feb. 11, 1889 7. AGE Years Months Days If LESS than 1 day, hirs. of 24 ld yy hirs. of min. 8. Trade, protession, or particular kind of work done, as STANNER eal Estate Agent SANYER, BODKKEFFR, etc. 9. Industry or business in which were work one, as STANNER eal Estate Agent SANYER, BODKKEFFR, etc. 9. Industry or business in which were well as worked at pant in the pant	н	USBAND of	Rabell	white	ell.	September 3 19 36 to Sept.	attended deceased from 3,1936,9
7. AGE Years 6 24 Iday	6. DAT	E OF BIRTH (month, d	av. and year) F	eb. 11.	1889		
Strade_profession_ or particular SaWYER_BODKKEPER_eta Estate Agent SawYER_BODKKEPER_eta SawYER_BODKEPER_Eta SawYER_BODKEPER_Eta SawYER_BODKEPER_Eta SawYER_BODKEPER_ETA SawYER_BODKEPER_ETA SawYER_BODKEPE						to have occurred on the date stated abova, at 6:00 Pm.	
3. Industry or business in which worked the state Agent Sawyer, Bookkepper, etc. 3. Industry or business in which worked etc. Sawy Mill., BANK, atc. State or country of this occupation (montrons of separate Co., Md. 2. BIRTHPLACE (city or town) Oakland, (State or country) Garrett Co., Md. 3. NAME Charles H. Whetsell 4. BIRTHPLACE (city or town) Oakland, (State or country) Garrett Co., Md. 3. Is. MAIDEN NAME Isabell Teets 4. BIRTHPLACE (city or town) Preston. Co., Md. 3. Is. MAIDEN NAME Isabell Teets 4. BIRTHPLACE (city or town). Preston. Co., Md. 4. Co., Md. 5. MAIDEN NAME Isabell Teets 6. BIRTHPLACE (city or town). Preston. Co., Md. 6. What test confirmed diagnosis? None Was thera an autoppy. 7. INFORMANT. Mrs. Florence Rathbun (Addrass) Mt. Lake Park, Md. 8. BURIAL, OREMATION, Or REMOVAL Piace Oakland, Md. 9. UNDERTAKER Herbert Co. Leighton 19. UNDERTAKER Herbert Co. L			1		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Import week, as follows:	
**Note of the second se	N S	Trade, profession, or kind of work done	particular , es SPINNERR	eal Reta	te Agent	Diabetes Mellitus	?
12. BIRTHPLACE (city or town) Oakland, (State or country) Garrett Co., Md.	E			Jar Dava	oc Ageno		
12. BIRTHPLACE (city or town) Oakland, (State or country) Garrett Co., Md.	UP	work was dona, as SAW MILL, BANK	SILK MILL,				
(State or country) Garrett Co., Md. 13. NAME Charles H. Whetsell 14. BIRTHPLACE (city or town) Oakland, (State or country) Garrett Co., Md. 15. MAIDEN NAME Isabell Teets 16. BIRTHPLACE (city or town) Preston. Co., Accident, suicide, or homicide? Date of injury (State or country) 17. INFORMANT Mrs. Florence Rathbun (Addrass) Mt. Lake Park, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Date Sept. 6., 1336 19. UNDERTAKER Herbert Co. Leighton (Addrass), Oakland, Md. 20. FILED H. 136 Aller Award (Addrass) Mt. Lake Park, Md. 20. FILED H. 136 Aller Award (Addrass) Mt. Cadrass Alder St., Oakland, Md. 20. FILED H. 136 Aller Award (Addrass) Alder St., Oakland, Md. 20. FILED M. 24 (Addrass Alder St., Oakland, Md.) 21. Mame of operation What test confirmed diagnosis? None Was there an autops? 23. If death wes due to external causes (VIOLENCE) fiil In also the following: 24. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Wes dise(se or infury in any way related to occupation of deceased? No If so, spacify (Signad) Mm. (Addrass Alder St., Oakland, Md.) (Addrass Alder St., Oakland, Md.)	00 10	Data decaased last we this occupation (myaar)	orked et ontigne5	11. Total sp	time (yaars) ent in the O yr . cupation		
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Isabell Teets 16. BIRTHPLACE (city or town) Preston, Co, ,	12. BII) Oakla Garre	nd, tt Co.,	Md.	Chronic Alcoholism	?
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Isabell Teets 16. BIRTHPLACE (city or town) Preston, Co, ,	집 13	. NAME Charle	s H. W	netsell			
15. MAIDEN NAME Isabell Teets 16. BIRTHPLACE (city or town) Preston, Co, (State or country) W. Va. 17. INFORMANT Mrs. Florence Rathbun (Addrass) Mt. Lake Park, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Date Sept. 62, 1936 19. UNDERTAKER Herbert Co Leighton (Addrass), Oakland, Md. 20. FILED M. 1936 Mulial Awada (Signat) 21. INFORMANT INFORMANT Mrs. Florence Rathbun (Signat) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 24. Wes disease or injury in Try way rejected to occupation of deceased? No if so, spacify in State (Signat) (Signat) Mr. (Addrass) Alder St. Oakland, Md. (Addrass) Alder St. Oakland, Md.	FAT 14	I. BIRTHPLACE (city or (State or country)	own) Oakl	and, ett Co.,	Md.	Maria	77-
Where did injury occur? 17. INFORMANT Mrs. Florence Rathbun (Addrass) Mt. Lake Park, Md. 18. BURIAL CREMATION, OR REMOVAL Place Oakland, Md. Date Sept. 62, 1936 19. UNDERTAKER Herbert Co Leighton (Addrass), Oakland, Md. 20. FILED A., 1936 Mulial Awah (Signad) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 24. Wes disease or injury in any way rejected to occupation of deceased? No if so, spacify (Signad) (Signad) (Signad) (Addrass) Alder St, Oakland, Md. (Addrass) Alder St, Oakland, Md.	W 15	. MAIDEN NAME IS	abell !	Teets			
17. INFORMANT Mrs. Florence Rathbun (Addrass) Mt. Lake Park, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Date Sept. 6, 1936 19. UNDERTAKER Herbert Co Leighton (Addrass), Oakland, Md. 20. FILED A., 1936 Muliau Lawan (Signad) (Signad) (Addrass 5 Alder St, Oakland, Md. (Addrass 5 Alder St, Oakland, Md.	MOT 16					Where did injury occur?	
Place Oakland, Md. Date Sept. 62, 1936 19. UNDERTAKER Herbert C. Leighton (Addrass), Oakland, Md. 20. FILED 1, 1936 Allia Lawaa (Signad) (Addrass 5 Alder St, Oakland, Md. (Addrass 5 Alder St, Oakland, Md.)	17. ini				un	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, in HOME, or in P	ty and State) 'UBLIC PLACE.
(Addrass), Oakland, Md. 20. FILED 9 4 , 1936 Kilia Rowan (Signad) (Signad) (Mm) Jum Jan Me. (Addrass 5 Alder St, Oakland, Md.	18. BU			Date Sep	t. 6, 1936		
Registrar. (Addrass) Alder St, Qakland, Md		(Addrass), Oal	rland/	Md.		if so, spacify / Wmy Jum /a, he	^ M.
	20.111		/				and, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECO	50.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones EP 22 11	May 1.1923	Gastroenteritis	1 year
EAR			

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH 0933		
1. PLACE OF DEATH			(1/9)		
County Garrett			Registration Dist. No. 20 169		
Village or City R • D • De		Md.	No. St., If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos		
The same of the sa					
2. FULL NAME Shermar			If U. S. Veteran, specify WAR		
(a) Residence: No. $R \cdot D \cdot$	Deer Pari	of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Child	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH September 17, 1936 (Month) (Dev) (Year		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I ettended deceased		
6. DATE OF BIRTH (month, day, and year)	March 16.	1936	I lest saw have alive on 27 16 ,1936; death is		
7. AGE Years Months		If LESS then	to have occurred on the date steted ebove, a 2:45A_m.		
6	1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	000 CO 000 CO 000		Esilonitor		
10. Data decaased last worked at this occupetion (month and year)	spe	ime (yaars) nt in this upation	Dither Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) R. D. (Stata or country) Garre	Deer Par	rk. Md.	- Control of the cont		
🖺 13. NAME Austin Edwin	n White				
	O. Oakland cett Co.,		Name of operetion Date of Was there an autopsy?		
15. MAIDEN NAME Bertha	Marie Sho	ckey	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
6 16. BIRTHPLACE (city or town) R . I	D. Deer Parett Co.,	ark. Md.	Accident, suicide, or homicide?		
17. INFORMANT Austin Edw: (Address) R. D. Deer		•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAX	Md pate Sep	t. 18,1936	Menner of injury		
19. UNDERTAKER Herbert C. (Address) Oakland, Mr.	Leighton		24. Was disease or injury in any way related to occupetion of deceased?		
20. FILED 9 18 1936 /2	elia Ka	wan	(Signed) 2. I Planker any		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	OCT 5 1886	July 5, 1927	Peritonitis	3 days ago	
	BUREALLY				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	